U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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OIMS DE		O COUNTY COUNTY FORM		
1. File Number U -		2. Fiscal Year Covered From:		
		1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name WILLIAM J TOSH JR.		Name TEAMSTERS LOCAL 311		
		Labor Organization File Number 009-225		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 2051 STRATTON CT		Street 416 EASTERN BOULEVARD		
City BELAIR		CITY BALTIMORE		
State MARYLAND	ZIP Code +4 21015	State MARYLAND ZIP Code + 4 21221	7	
5. Position in labor organization. RECORDING - SECRETARY , TRUSTEE				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:	Control of the Contro			
P.O. Box, Bldg., Room No., if any		7.b. Amount.		
Street		7.5. Amount		
City :		19 14 12 2 Street, William Survey and		
State State				
Signature Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Wills for	wh h	on 8-15-05 410-515-1935 Date Telephone Number		

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust c. Emptoyer			
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	e of such dealing.		
City 12.a. Nature of interest held or income receiv		d or income received.		
State ZIP Code + 4				
	} .			
	1 : -			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	Golf Outing			
Name ABATO, RUBENSTEIN, ABATO				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any SUITE 320				
Street 809 GLENEAGLES CT		e nee		
City BALTIMORE		The second secon		
State MARYLAND ZIP Code + 4 21286				
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$12500		

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any			
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	Account and the contract of th	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4		The state of the s	
	12.b. Amount.	The substitution of the su	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	 Activity of the second of the s	The second of the second secon	
Name ALBERTINI AND DARBY	Golf outing		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any SULTE IA			
Street 3201 NORTH CHARLES ST			
city BALTIMORE		77. (A)	
State MARYLAND ZIP Code + 4 21218			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment,	\$ 139.00	